

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

West Virginia Republican Party, Inc.

ADDRESS (number and street)

5 Greenbrier St

☐Check if different  
than previously  
reported. (ACC)

Charleston

WV

25311

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00417063

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2010

through

07

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michelle Wilshire

Signature of Treasurer

Electronically Filed by Michelle Wilshire

Date

11

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
West Virginia Republican Party, Inc.

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	8371.42
(b) Cash on Hand at Beginning of Reporting Period .....	11207.17	
(c) Total Receipts (from Line 19) .....	55155.52	162365.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66362.69	170736.43
7. Total Disbursements (from Line 31) .....	52993.15	157366.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13369.54	13369.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	64927.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

West Virginia Republican Party, Inc.

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	4505.52	34935.07
(ii) Unitemized .....	5150.00	53319.94
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9655.52	88255.01
(b) Political Party Committees .....	0.00	100.00
(c) Other Political Committees (such as PACs) .....	0.00	3510.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9655.52	91865.01
12. Transfers From Affiliated/Other Party Committees .....	45500.00	45500.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	25000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	25000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	55155.52	162365.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55155.52	137365.01

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	52993.15	157366.89	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	52993.15	157366.89	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52993.15	157366.89	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52993.15	157366.89	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9655.52	91865.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9655.52	91865.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52993.15	157366.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52993.15	157366.89

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kathy D. Harvey, D.O.

Mailing Address P.O. Box 1756

City

Logan

State

WV

Zip Code

25601-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: AEB6C54E2E8E84A93A15

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joseph P. Cincinnati

Mailing Address 84 Rue De Todd

City

Martinsburg

State

WV

Zip Code

25403-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: AFB4785ADF6D44508B01

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lewis H. Rexroad

Mailing Address 126 Gihon Meadows Dr.

City

Parkersburg

State

WV

Zip Code

26101-9005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPS

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 0

Transaction ID: AE63037F4D69448B28A5

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jackson L Smith

Mailing Address PO Box 457

City

Lost Creek

State

WV

Zip Code

26385-0457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: A02A7572CEC964E2B858

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Frank W. Tuckwiller

Mailing Address Rt 2, Box 322

City

Lewisburg

State

WV

Zip Code

24901-9341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: A9481015429F840898D1

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Dr.

City

Bridgeport

State

WV

Zip Code

26330-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Va Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5149.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: A854BB9810C774C799A8

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Melody L. Potter

Mailing Address 105 Newcomer Rd.

City

Charleston

State

WV

Zip Code

25309-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-Star Coal Sales Compa-  
ny, Inc.

Occupation  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

Transaction ID: AC1F6BBB231394153997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kathy Balike

Mailing Address 1130 Blue Horizon Dr.

City

Morgantown

State

WV

Zip Code

26501-2063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 0 / 2 0 1 0

Transaction ID: A23428E8BFB2E454FB9D

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Melody L. Potter

Mailing Address 105 Newcomer Rd.

City

Charleston

State

WV

Zip Code

25309-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-Star Coal Sales Compa-  
ny, Inc.

Occupation  
Self

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: A8FE066B9C9E145618A1

Amount of Each Receipt this Period

50.00

In-kind:business mailing  
permit

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Elizabeth Solomon Raese

Mailing Address P.O. Box 872

City

Morgantown

State

WV

Zip Code

26507-0872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/a

Occupation  
Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: AF69B3F7F20914217A14

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Dr.

City

Bridgeport

State

WV

Zip Code

26330-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Va Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5229.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: AEF4B793A7218471FA99

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Dr.

City

Bridgeport

State

WV

Zip Code

26330-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Va Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5229.55

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: A7614684DACE744EAA64

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lewis H. Rexroad

Mailing Address 126 Gihon Meadows Dr.

City

Parkersburg

State

WV

Zip Code

26101-9005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UPS

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: AF1C14FC285494A27BE3

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Romey L. Nelson

Mailing Address 6980 Lick Creek Rd.

City

Danville

State

WV

Zip Code

25053-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 0

Transaction ID: A39842801716B4D4A9F5

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. James H. Harless

Mailing Address P.O. Box 1210

City

Gilbert

State

WV

Zip Code

25621-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
International Industries

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 0

Transaction ID: AB7E90D606E57483E972

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

570.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Eleanor W. Herkness

Mailing Address P.O. Box 511

City

Lewisburg

State

WV

Zip Code

24901-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

Transaction ID: A1B8C4D94765F4FD7A74

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas E. McKinney, MD

Mailing Address 636 Rivendell Dr.

City

Bridgeport

State

WV

Zip Code

26330-1358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Va Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5685.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	1	0

Transaction ID: AA04FA51ED9E844BCA01

Amount of Each Receipt this Period

455.52

In-kind: mileage and travel  
exp

SUBTOTAL of Receipts This Page (optional) .....

1455.52

TOTAL This Period (last page this line number only) .....

4505.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Republican National Committee

Mailing Address 310 First St, SE

City

Washington DC

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 2 / 2 0 1 0

Transaction ID: AE1D035AD85944A8AB1B

Amount of Each Receipt this Period

33000.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd Street, NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 0

Transaction ID: AF50AC8469C0546E89DB

Amount of Each Receipt this Period

12500.00

**SUBTOTAL** of Receipts This Page (optional) .....

45500.00

**TOTAL** This Period (last page this line number only) .....

45500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Melody L. Potter	<b>Transaction ID:</b> B8FE066B9C9E145618A1 <b>Date of Disbursement</b>
Mailing Address 105 Newcomer Rd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 1 0</div> </div>
City Charleston State WV Zip Code 25309-8544	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-kind:business mailing permit Candidate Name	<div> <div>50.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Douglas E. McKinney, MD	<b>Transaction ID:</b> BA04FA51ED9E844BCA01 <b>Date of Disbursement</b>
Mailing Address 636 Rivendell Dr.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 1 0</div> </div>
City Bridgeport State WV Zip Code 26330-1358	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-kind:mileage and travel exp Candidate Name	<div> <div>455.52</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Erie Insurance	<b>Transaction ID:</b> B7A3548F56F664BAA908 <b>Date of Disbursement</b>
Mailing Address 100 Erie Insurance Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Erie State PA Zip Code 16530	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement State workers' comp insurance Candidate Name	<div> <div>71.88</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>577.40</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd, Suite 270</p> <p>City Saint Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFDA735ADC6A64891827</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3251.15"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Erie Insurance</p> <p>Mailing Address 100 Erie Insurance Place</p> <p>City Erie State PA Zip Code 16530</p> <p>Purpose of Disbursement HQ Insurance Premium</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8AA4C1595E654736B10</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="215.59"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Appalachian Electric Power</p> <p>Mailing Address PO Box 24413</p> <p>City Canton State OH Zip Code 44701</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB513341F1105427C90A</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.37"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3520.11**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd, Suite 270</p> <p>City Saint Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B86BD031C68644737B81</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="147.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) FLS Connect, LLC</p> <p>Mailing Address 7300 Hudson Blvd, Suite 270</p> <p>City Saint Paul State MN Zip Code 55128</p> <p>Purpose of Disbursement fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4DF1C783D7EA405C969</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3464.75"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Heritage Company, Inc.</p> <p>Mailing Address Financial Services PO Box 16325</p> <p>City Little Rock State AR Zip Code 72231-6325</p> <p>Purpose of Disbursement telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC286A8E89CB64B1A975</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1835.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**5446.75**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

Troy A. Berman

Mailing Address 11 Greenbrier St  
Apt 19

City Charleston State WV Zip Code 25311-2182

Purpose of Disbursement  
consulting fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B43EB76D041554ADBA57

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

3334.00

**B.**

Full Name (Last, First, Middle Initial)

Mountaineer Gas

Mailing Address PO Box 362

City Charleston State WV Zip Code 25322

Purpose of Disbursement  
utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B32895502FA6D453ABFC

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

15.56

**C.**

Full Name (Last, First, Middle Initial)

Anthony Conchel

Mailing Address 5269 Roberts Rd.

City Caledonia State OH Zip Code 43314-9448

Purpose of Disbursement  
communications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BF64187216C1B4BA3B54

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

1871.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5220.56

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

David Means

Mailing Address Means Landscaping  
PO Box 20347

City Charleston State WV Zip Code 25362-1347

Purpose of Disbursement  
lawn care

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BD54C61D623C44E4EB75

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

344.50

**B.**

Full Name (Last, First, Middle Initial)

Jared Laxton

Mailing Address 1047 St. Ives

City Hurricane State WV Zip Code 25526-9473

Purpose of Disbursement  
Underwood Intern Gas Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BF4F4E303F8094508B10

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Cheryl Rust

Mailing Address Route 1, Box 375

City Buffalo State WV Zip Code 25033-9766

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B2E1B18F3D8D34DF0801

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2994.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) Anna Scarberry	<b>Transaction ID:</b> B5C0E6126116D433F9E3 <b>Date of Disbursement</b>
Mailing Address 404 Pennsylvania Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Morgantown State WV Zip Code 26501-6006	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Underwood intern gas stipend	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) PMI	<b>Transaction ID:</b> B4D4DE64D1609418C927 <b>Date of Disbursement</b>
Mailing Address 406 First St SE 3rd Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement communications	<div>1400.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PMI	<b>Transaction ID:</b> B51A8E0D4A6C94B6AA5A <b>Date of Disbursement</b>
Mailing Address 406 First St SE 3rd Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement communications	<div>2300.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Troy A. Berman</p> <hr/> <p>Mailing Address 11 Greenbrier St Apt 19</p> <hr/> <p>City Charleston State WV Zip Code 25311-2182</p> <hr/> <p>Purpose of Disbursement unknown - see form 99</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0E533E59E4AA49C1B36</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1562.40"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Troy A. Berman</p> <hr/> <p>Mailing Address 11 Greenbrier St Apt 19</p> <hr/> <p>City Charleston State WV Zip Code 25311-2182</p> <hr/> <p>Purpose of Disbursement unknown - see form 99</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA5D61122F62941889B6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1783.73"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <hr/> <p>Mailing Address 1002 Lee Street East</p> <hr/> <p>City Charleston State WV Zip Code 25301</p> <hr/> <p>Purpose of Disbursement unknown - see form 99</p> <hr/> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC811F8024E3D40BE84C</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <hr/> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1354.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4700.13**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 1002 Lee Street East</p> <p>City Charleston State WV Zip Code 25301</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9D37115668F04EBFAA9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.56"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement cc processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B99C8F73C304C4A84B52</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.85"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) National Media Research, Planning &amp; Placement, LLC</p> <p>Mailing Address 815 Slaters Lane</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B296FAFAEB2114640B07</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7692.96"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**7718.37**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 1002 Lee Street East</p> <p>City Charleston State WV Zip Code 25301</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B0B7B2429FFEF4F8DA1C</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.39"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Waterfront Place Hotel</p> <p>Mailing Address Two Waterfront Place</p> <p>City Morgantown State WV Zip Code 26501-5958</p> <p>Purpose of Disbursement annual meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B367DD2AD21A5420C927</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4881.94"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PMI</p> <p>Mailing Address 406 First St SE 3rd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement communications</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B5EE0A3F7EB514067B02</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1600.00"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**6483.33**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

West Virginia Republican Party, Inc.

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b> Full Name (Last, First, Middle Initial) Troy A. Berman</p> <p>Mailing Address 11 Greenbrier St Apt 19</p> <p>City Charleston State WV Zip Code 25311-2182</p> <p>Purpose of Disbursement unknown - see form 99</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC52E37D761F1482B9BA</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 4615.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples - Charleston</p> <p>Mailing Address 2810 Mountaineer Blvd.</p> <p>City Charleston State WV Zip Code 25309</p> <p>Purpose of Disbursement unknown - see form 99</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC6E55DBD7A554F9F9B0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 621.57</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Getty Images(US), Inc.</p> <p>Mailing Address P.O. Box 953604</p> <p>City St. Louis State MO Zip Code 63195-3604</p> <p>Purpose of Disbursement advertisement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE26F1AA8B90E4654967</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1880.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

7116.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

A.

Full Name (Last, First, Middle Initial)

Greg Smith

Mailing Address 600 55th St.

City  
Vienna

State  
WV

Zip Code  
26105-3218

Purpose of Disbursement  
expense reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B6C76C5C12E3A4B23837

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

298.67

B.

Full Name (Last, First, Middle Initial)

newegg.com

Mailing Address 9997 E. Rose Hills Road

City  
Whittier

State  
CA

Zip Code  
90601

Purpose of Disbursement  
3, four-port boxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B424E14C442624AD6BA9

Date of Disbursement

07 / 19 / 2010

Amount of Each Disbursement this Period

218.67

[MEMO ITEM]

3, four-port boxes

C.

Full Name (Last, First, Middle Initial)

Greg Smith

Mailing Address 600 55th St.

City  
Vienna

State  
WV

Zip Code  
26105-3218

Purpose of Disbursement  
Expenses for Regional Victory

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BA919D052EA79480EB94

Date of Disbursement

07 / 10 / 2010

Amount of Each Disbursement this Period

438.73

SUBTOTAL of Disbursements This Page (optional) .....

737.40

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 34

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sam's Club</p> <p>Mailing Address 2500 Mountaineer Blvd</p> <p>City South Charleston State WV Zip Code 25309</p> <p>Purpose of Disbursement cake and supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B969550422EFA4D2A885</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 0 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>126.14</div> </p> <p><b>[MEMO ITEM]</b> cake and supplies</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cheryl Rust</p> <p>Mailing Address Route 1, Box 375</p> <p>City Buffalo State WV Zip Code 25033-9766</p> <p>Purpose of Disbursement expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA09FF9FC44DF4CA8BC7</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>180.51</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Greg Smith</p> <p>Mailing Address 600 55th St.</p> <p>City Vienna State WV Zip Code 26105-3218</p> <p>Purpose of Disbursement Victory 2010 Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President  State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B7277190416AD41FFA49</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>397.82</div> </p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>578.33</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.**

Full Name (Last, First, Middle Initial)

USPS

Mailing Address 1002 Lee Street East

City  
CharlestonState  
WVZip Code  
25301Purpose of Disbursement  
postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B8BF73F5850294F04BE6

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

28.00

**[MEMO ITEM]**  
postage**B.**

Full Name (Last, First, Middle Initial)

Sam's Club

Mailing Address 2500 Mountaineer Blvd

City  
South CharlestonState  
WVZip Code  
25309Purpose of Disbursement  
food, table, and folding chairs

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: BFA2352A0260C428E9F3

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 0

Amount of Each Disbursement this Period

304.48

**[MEMO ITEM]**  
food, table, and folding  
chairs

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

52952.53

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 27 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Cellular One/ A R SystemsNature of Debt (Purpose):  
Cell Phone Bill from 4/1/-  
05

Mailing Address P.O. Box 80766

City State ZIP Code  
Valley Forge PA 19484

Outstanding Balance Beginning This Period

1057.45

Transaction ID: DC3068D8514F8455BB69

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1057.45

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic TelecommunicationsNature of Debt (Purpose):  
Interest on Strategic Fun-  
draising

Mailing Address 7591 9th Street North

City State ZIP Code  
Oakdale MN 55128

Outstanding Balance Beginning This Period

1639.49

Transaction ID: D869D6D1194434CB9B41

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1639.49

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Christine McnalleyNature of Debt (Purpose):  
election contract consult-  
ing-from 4/1/05

Mailing Address 44 Regent Court

City State ZIP Code  
Swansea MA 02777

Outstanding Balance Beginning This Period

2400.00

Transaction ID: D25462FEAC2224BFE9E5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2400.00

**1) SUBTOTALS** This Period This Page (optional).....

5096.94

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Regional Distributing CenterNature of Debt (Purpose):  
Toner and cartridge from  
4/1/05

Mailing Address 872 S. Milwaukee Avenue #293

City State ZIP Code  
Libertyville IL 60048

Outstanding Balance Beginning This Period

369.85

Transaction ID: D0E587ECFD6C840AE9DC

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

369.85

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tiffany GibsonNature of Debt (Purpose):  
Contract labor and expenses  
from 10/30/04

Mailing Address P.O. Box 425

City State ZIP Code  
Parkersburg WV 26101

Outstanding Balance Beginning This Period

1030.95

Transaction ID: D88348031D76B4F6E893

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1030.95

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bjw Printing & Office SuppliesNature of Debt (Purpose):  
printing from 11/19/04

Mailing Address 3100 Robert Byrd Drive

City State ZIP Code  
Beckley WV 25802

Outstanding Balance Beginning This Period

337.62

Transaction ID: D4EF771A3F5514EDD9BD

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

337.62

1) **SUBTOTALS** This Period This Page (optional).....

1738.42

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bjw Printing & Office SuppliesNature of Debt (Purpose):  
Interest

Mailing Address 3100 Robert Byrd Drive

City State ZIP Code  
Beckley WV 25802

Outstanding Balance Beginning This Period

291.15

Transaction ID: D6825545A7104462E97A

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

291.15

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Time Warner CableNature of Debt (Purpose):  
Victory Field Office cable  
bill from 4/05

Mailing Address P.O Box 580485

City State ZIP Code  
Charlotte NC 28258

Outstanding Balance Beginning This Period

135.00

Transaction ID: D7704A876900941CB963

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Feather Larson Synhorst-dciNature of Debt (Purpose):  
fundraising calls from 10-  
/31/2004

Mailing Address 7320 N Dreamy Draw Drive

City State ZIP Code  
Phoenix AZ 85020

Outstanding Balance Beginning This Period

7119.20

Transaction ID: D6F78C6722F78438A82C

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7119.20

1) **SUBTOTALS** This Period This Page (optional).....

7545.35

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 / 34

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Fibernet-charleston

Nature of Debt (Purpose):  
Victory Field Office Phone  
Acct.26417

Mailing Address 211 Leon Sullivan Way

City State ZIP Code  
Charleston WV 25301

Outstanding Balance Beginning This Period

872.87

Transaction ID: D8F0AC59401D741A28E3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

872.87

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Fibernet-charleston

Nature of Debt (Purpose):  
Phones for 110 Capitol St.  
Office

Mailing Address 211 Leon Sullivan Way

City State ZIP Code  
Charleston WV 25301

Outstanding Balance Beginning This Period

1744.90

Transaction ID: D3B3C0EDD479D432D978

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1744.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Komax Business Systems

Nature of Debt (Purpose):  
copier service and parts  
past due 10/04

Mailing Address 500 D Street

City State ZIP Code  
South Charleston WV 25303

Outstanding Balance Beginning This Period

1960.01

Transaction ID: D0C9639D782124A75ADA

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1960.01

1) **SUBTOTALS** This Period This Page (optional).....

4577.78

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Komax Business SystemsNature of Debt (Purpose):  
Incorrect Debt Previouslly  
Reported 7/05

Mailing Address 500 D Street

City State ZIP Code  
South Charleston WV 25303

Outstanding Balance Beginning This Period

1.95

Transaction ID: D316A8B6DC2754ADFBC9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1.95

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tcs Technology ServiceNature of Debt (Purpose):  
Computer Rental from 10/3-  
0/2004

Mailing Address 4430 Kanawha Turnpike Suite B

City State ZIP Code  
South Charleston WV 25309

Outstanding Balance Beginning This Period

927.31

Transaction ID: D9D2104C1A2E94DB3940

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

927.31

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Tcs Technology ServiceNature of Debt (Purpose):  
Computer Rental from 9/30-  
/2004

Mailing Address 4430 Kanawha Turnpike Suite B

City State ZIP Code  
South Charleston WV 25309

Outstanding Balance Beginning This Period

506.32

Transaction ID: DB43F53E3F16E430DB25

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

506.32

**1) SUBTOTALS** This Period This Page (optional).....

1435.58

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic FundraisingNature of Debt (Purpose):  
fundraising services from  
11/15/04

Mailing Address 7591 9th Street North

City State ZIP Code  
Oakdale MN 55128

Outstanding Balance Beginning This Period

5411.86

Transaction ID: DD238924E343448EC960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5411.86

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic FundraisingNature of Debt (Purpose):  
Interest from 7/31/05

Mailing Address 7591 9th Street North

City State ZIP Code  
Oakdale MN 55128

Outstanding Balance Beginning This Period

135.77

Transaction ID: D8DB931917DAA4E53924

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

135.77

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic FundraisingNature of Debt (Purpose):  
interest per Statement Summary today 1/08

Mailing Address 7591 9th Street North

City State ZIP Code  
Oakdale MN 55128

Outstanding Balance Beginning This Period

689.32

Transaction ID: DC7D28A2143CB4F51AB5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

689.32

**1) SUBTOTALS** This Period This Page (optional).....

6236.95

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 33 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

West Virginia Republican Party, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dennie Data CommNature of Debt (Purpose):  
past due bill from 10/30/-  
04

Mailing Address 1339 Smith Street

City State ZIP Code  
Charleston WV 25301

Outstanding Balance Beginning This Period

428.32

Transaction ID: D24FCCC3C7843427C8F7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

428.32

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AlltellNature of Debt (Purpose):  
Victory Cell Bill from 4/-  
1/05

Mailing Address Bldg. 4 2nd Floor

City State ZIP Code  
Little Rock AR 72202

Outstanding Balance Beginning This Period

8653.10

Transaction ID: D5F118EE3E608403BB7E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8653.10

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Ac Express, Inc.Nature of Debt (Purpose):  
Travel expense for speaker  
for conventio

Mailing Address 1150 Airport Road

City State ZIP Code  
Fairmont WV 26554

Outstanding Balance Beginning This Period

4214.56

Transaction ID: DD7A1B8D4F58A4BE3ACB

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4214.56

1) **SUBTOTALS** This Period This Page (optional).....

13295.98

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 / 34

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
West Virginia Republican Party, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
West Virginia Republican Party, Inc.

Mailing Address 5 Greenbrier St

City State ZIP Code  
Charleston WV 25311Nature of Debt (Purpose):  
Monies withdrawn by Doug  
McKinney from non-fed. bl-  
dg. acct, put into the Fed  
acct.

Outstanding Balance Beginning This Period

25000.00

Transaction ID: D194C40A34397401F85F

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

25000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

64927.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

64927.00